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PROGRAM

WESTLAND COUNSELING CENTER

8623 N. WAYNE RD STE 310

1062

CMH





 25775 MEADOWBROOK NOVI, MI 48375 CAP NO: 5000001

 1540 LAKE LANSING ROAD, STE G04 LANSING, MI 48912 CAP NO: 7199837 Page: 1

SIRING

PATIENT NAME: PELICHEX, DARRYL D.O.B. 03/04/1979 SEX: M COLLECTED: 04/15/2016 Age RECEIVED: 04/15/2016 37Y

ACCESSION NO: 161065002
PHONE NO:
PT. ID NO:
STATUS: FINAL

TEST NAME	RESULTS	RANGE	REFERENCE RANGE
WESTLAND, MI 48185	REPORTED:	04/16/2016	OTHER ID:

URINE CHEMISTRY UA CREATININE URINE TOXICOLOGY	154.9	>= 20	mg/dL
DRUG SCREEN 4 PANEL BENZODIAZEPINES CANNABINOIDS-50 COCAINE OPIATES	NEGATIVE	CUTOFF 200	ng/mL
	NEGATIVE	CUTOFF 50	ng/mL
	NEGATIVE	CUTOFF 300	ng/mL
	NEGATIVE	CUTOFF 2000	ng/mL

**This is a screen only, as ordered. Confirmation testing of individual tests shall be performed upon request. Unconfirmed screening results are to be used only for medical (treatment) purposes Unconfirmed screening results must not be used for non-medical purposes (e.g., employment testing, legal testing).

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